

**COMBINED DECLARATION AND POWER OF ATTORNEY**

(Original, Design, National Stage of PCT or CIP Application)

Inventors: Leisle, Ralph D.

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are stated below next to my name, I believe I am the original, first and sole inventor (if only one name is listed above) or an original, first and joint inventor along with those listed above (if plural names are listed above) of the subject matter which is claimed and for which a patent is sought on the invention entitled: COMPUTER PROGRAM AND METHOD FOR DETERMINING THE ECONOMIC IMPACT OF LONG-TERM CARE

the specification of which: (Complete (a), (b) or (c) for type of application)

**REGULAR OR DESIGN APPLICATION**

- (a)   X   is attached hereto.
- (b)        was filed on    as Application Serial No.    and was amended on    (if applicable).

**PCT FILED APPLICATION ENTERING NATIONAL STAGE**

- (c)        was described and claimed in International Application No.    filed on    and as amended on    (if any).

**ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR**

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56.

       In compliance with this duty there is attached an information disclosure statement.  
37 CFR 1.97.

**PRIORITY CLAIM**

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

[Complete (d) or (e)]

(d)   X   no such applications have been filed.

(e)        such applications have been filed as follows.

**EARLIEST FOREIGN APPLICATION(S), IF ANY FILED WITHIN 12 MONTHS  
(6 MONTHS FOR DESIGN) PRIOR TO SAID APPLICATION**

Country	Application No.	Date of filing (day, month, year)	Date of issue (day, month, year)	Priority (day, month, year)	Claimed
					<u>      </u> YES NO <u>      </u>
					<u>      </u> YES NO <u>      </u>

**ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS  
(6 MONTHS FOR DESIGN) PRIOR TO SAID APPLICATION**


**CLAIM FOR BENEFIT OF PRIOR U.S. PROVISIONAL APPLICATION(S)**

I hereby claim the benefit under Title 35, United States code, § 119(e) of any United States provisional application(s) listed below:

(Provisional Application Number)	(Filing Date)
(Provisional Application Number)	(Filing Date)
(Provisional Application Number)	(Filing Date)

# CONTINUATION-IN-PART

(Complete this part only if this is a continuation-in-part application)

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application.

(Application Serial No.)	(Filing Date)	(Status)	(Patent, pending, abandoned)
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(Application Serial No.)	(Filing Date)	(Status)	(Patent, pending, abandoned)
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## POWER OF ATTORNEY

As a named inventor, I hereby appoint the following attorney and/or agent to prosecute this application and transact all business in the U.S. Patent and Trademark Office connected therewith, before all competent international authorities in connection with any international application, and before all foreign patent offices in connection with the national phase of any international application or any foreign application, and to appoint any associate attorneys in connection with any application, either domestic, international or foreign national.


John M. Howell (25,261); Richard E. Haferkamp (29,072); Kenneth Solomon (31,427); Joseph M. Rolnicki (32,653); Alan H. Norman (32,285); Charles E. Dunlap (35,124); Anthony G. Simon (40,813); Thomas A. Polcyn (41,256); David B. Jinkins (P46,805); Jeffrey H. Urian (46,232); Clyde L. Smith (46,292); Elie H. Gendloff (44,704); Daniel S. Kasten (45,363)

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Direct Telephone Calls To  
Clyde L. Smith  
(314) 727-5188

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor Ralph D. Leisle

Inventor's signature 

Date August 15, 2000

Country of Citizenship United States

Residence 1608 Ridge Bend Drive, Wildwood, MO 63038

Post Office Address 1608 Ridge Bend Drive, Wildwood, MO 63038

PATENT

Applicant: Leisle, Ralph D.

Express Mail No.: EL132518939US

Attorney's Docket No.: 16705-4906

Filed: Herewith

For: COMPUTER PROGRAM AND METHOD FOR DETERMINING THE ECONOMIC IMPACT OF LONG-TERM CARE

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS

[37 CFR 1.9(f) and 1.27(c)]

SMALL BUSINESS CONCERN

I hereby declare that I am:

       the owner of the small business concern identified below:

  X   an official of the small business concern empowered to act on behalf of the concern identified below:

NAME OF CONCERN: LTCia, LLC

ADDRESS: 1608 Ridge Bend Drive

Wildwood, MO 63038

I hereby declare that the above-identified small business concern qualifies as a small business concern as defined in 13 CFR 121.3-18, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention, entitled COMPUTER PROGRAM AND METHOD FOR DETERMINING THE ECONOMIC IMPACT OF LONG-TERM CARE,

by inventor(s): Leisle, Ralph

described in:

  X   the specification filed herewith.

       Application Serial No.       , filed       .

       Patent No.       , issued       .

If the rights held by the above-identified small business concern are not exclusive, each individual, concern or organization having rights to the invention is listed below and no rights to the invention are held by any person, other than the inventor, who could not qualify as a small business concern under 37 CFR 1.9(d) or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

NAME:

ADDRESS:

\_\_\_ INDIVIDUAL \_\_\_ SMALL BUSINESS CONCERN \_\_\_ NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. [37 CFR 1.28(b)].

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING: Ralph D. Leisle

TITLE OF PERSON OTHER THAN OWNER: Manager

ADDRESS OF PERSON SIGNING: 1608 Ridge Bend Drive  
Wildwood, MO 63038

SIGNATURE: 

DATE: 

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